



# REQUEST FOR VEHICLE PROTECTIVE BARRIER SUBSIDY

County of Residence: \_\_\_\_\_

Name of Service  
Recipient: \_\_\_\_\_

Date of  
Birth: \_\_\_\_\_

Social  
Security Number: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Residential Provider \_\_\_\_\_

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PLEASE CHECK "YES" OR "NO".

YES NO

☐ ☐ Is the service recipient for whom the vehicle will be modified by installation of a protective barrier a "Class Member" as defined in the Vehicle Protective Barrier Subsidy Policy?

☐ ☐ Does the service recipient for whom the vehicle will be modified by installation of a protective barrier receive one of the following HCBS waiver residential services?

- a. **Supported Living** provided in a home that has 3 or fewer service recipients;
- b. **Medical Residential Services** provided in a home that has 3 or fewer service recipients; or
- c. **Residential Habilitation** provided in a home that has 3 or fewer service recipients.

☐ ☐ Does the service recipient for whom the vehicle will be modified by installation of a protective barrier have an established history of aggressive behavior that would reasonably be expected to pose a serious and imminent danger to the driver during transport or to result in an auto accident? (Attach supporting documentation.)

AMOUNT OF SUBSIDY REQUESTED: \$ \_\_\_\_\_ (Attached documentation of expenses to support the amount requested.)

## FOR DIVISION USE ONLY

☐ DENIED

☐ APPROVED for \$ \_\_\_\_\_

- "Eligible Class Member" means a person who meets the eligibility criteria for a Vehicle Protective Barrier Subsidy specified in Section D.3